NZNO 10TH NATIONAL GERONTOLOGY SECTION CONFERENCE

Rydges Latimer, Christchurch 31 Oct & 01 Nov 2016

BACK TO OUR FUTURE

NEW ZEALAND NURSES ORGANISATION

Promoting Best Practice During and Post Migration to the new OPH&R Service at Burwood Hospital.

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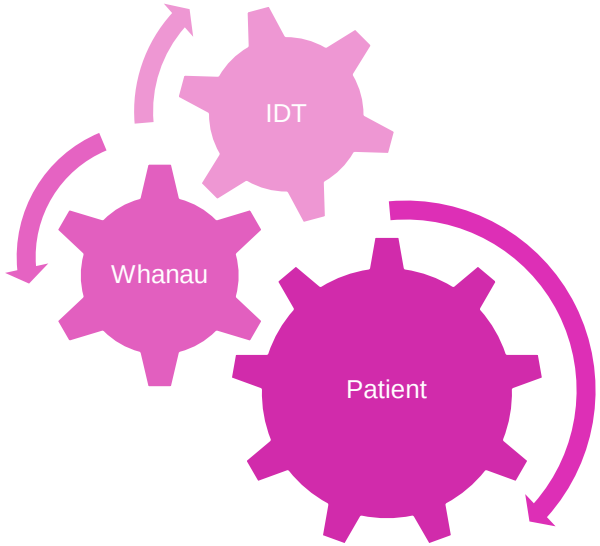
Aim

- To provide an overview of our journey from the Princess Margaret Hospital to the new Burwood Hospital
- While promoting and encouraging best practice, critical thinking and embedding of new initiatives.
- Also providing support for all staff through the period of transition.

WHY IS THE CNS ROLE IMPORTANT?

- Person-centred care
- Aging population
- Encourage evidence based practice
- Inter-disciplinary team approach
- Family involvement
- Providing support for all staff within clinical areas
- Challenges practice and practice decisions to ensure best practice, critical thinking and sound decision making.



How are we working?

- 2 Clinical Nurse Specialists for the service (1.3FTE).
- Shared position.
- Cover all Older Persons Health – Inpatient wards.
  - 5 wards excluding OPMH wards.

WHAT DO WE DO?

- Promote critical thinking, best practice, competency, advocacy, advanced clinical practice, team work, person centred care.
- Provide education across all shifts – area specific, RCA related etc.
- Up skilling of staff.
- Provide/guide complex care.
- Support staff in emergency situations.
- Promote PDRP to support advanced practice.
- Promote our role as CNS's to CNMs.

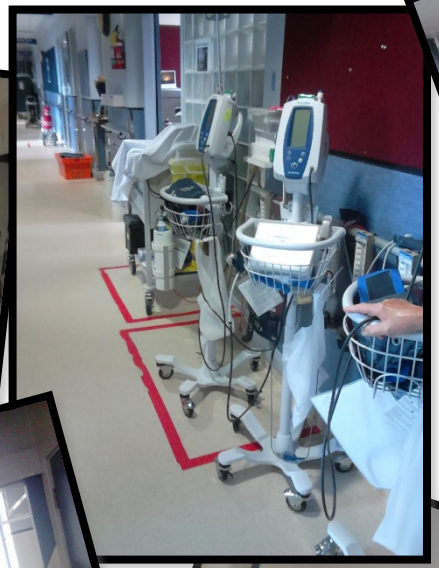
Before the Migration

- Introducing/supporting introduction of new initiatives = Releasing Time to Care (RT2C), Frail Older Persons Pathway, falls prevention, palliative care resource.
- Networking with other CNS's and CNE's at Burwood & Christchurch Hospital. Drawing on their specific expertise.
- Promoted diagnostic reasoning (accessing lab results and interpreting through computer system).
- Part of leadership discussions and role development across site for all senior workforce members.

DURING THE MIGRATION

- Implementation of medication vests and MedChart.
- Continue to support CNMs and staff with RT2C modules e.g. Well Organised Ward (WOW).
- Dementia and Delirium (PINCHES ME Kindly and Sunflower) – improving care across service.
- Hospital Aide working group, Career Force.
- Promoting OPH&R CNS role across Canterbury Region.
- Provide support for staff as they transition and the loss of TPMH.
- Workshops – future direction of the senior nursing group.
- Transition and Orientation – run orientation days in the new environment.

OLD CLINICAL AREAS



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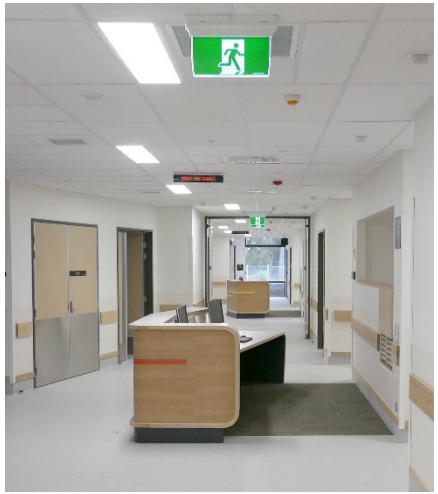

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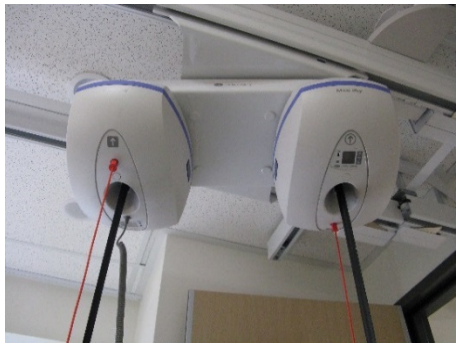
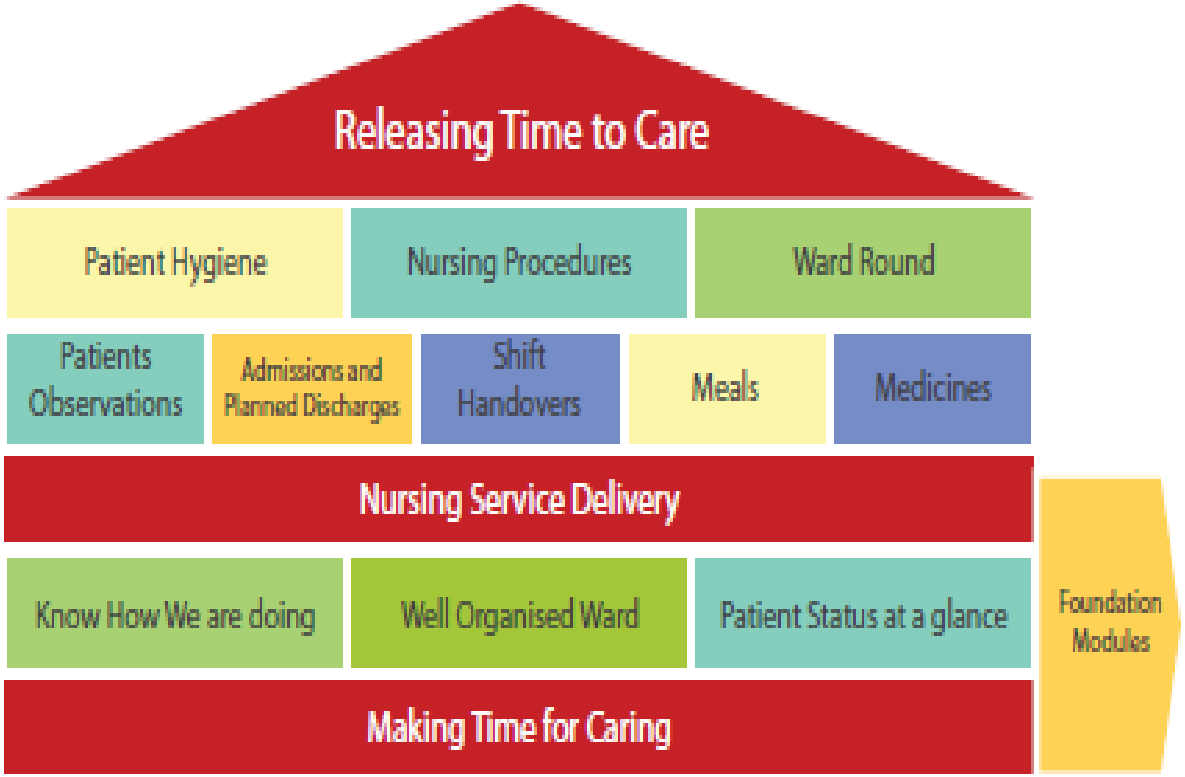
ORIENTATION

- Access to healthLearn to complete initial component posed a problem.
- Encouraging staff across all disciplines to think about their roles in the purpose built facility.



- Walkthrough
- Fire & Emergency Procedures
- Call Systems & Clinical Emergency Procedures
- Equipment – Sanitisers, Beds, Safe handling equipment
- Ways of working scenarios
  - Acceptance
  - Aggression
  - Apathy
- Stores

Releasing Time to Care (RT2C)



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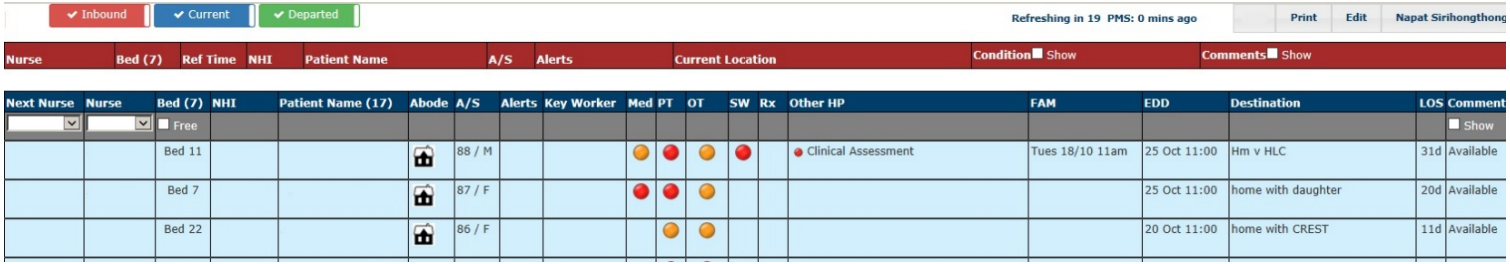
Frail Older Persons Pathway

- Patient focussed Assertive Board Rounds
  - Introduction of the electronic communication board (FloView).
- Focus on Estimated Date of discharge
- Patient informed Goal Setting



The Patient Perspective

I expect what to know and know what to expect from day 0:

What is wrong with me?

= Competent assessment

What is going to happen today and tomorrow?

= End to end case management plan

What needs to be achieved for me to get home?

= Clinical criteria for discharge

When is this going to happen?

= Expected date of discharge

'No decisions about me, without me'

Post Migration

- Consolidation period
- Mentoring
- Support staff to work in the new environment
- Falls Prevention in the new clinical areas
- Networking
- Getting to know where things are
- Standardise processes i.e. afterhours supports

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